

MEETING

SPECIAL CITY COUNCIL MEETING

FRIDAY, APRIL 10, 2015

SULLIVAN CHAMBER

Between the leadership the Cambridge Health Alliance and the City Council to discuss their financial status and the merging of the psychiatric emergency room with the medical emergency room.

TIME

9:41 AM

PRESIDING OFFICER

Mayor David P. Maher

PRESENT

Mayor Maher, Vice Mayor Benzan, Councillor Carlone, Councillor Cheung, Councillor Mazen, Councillor McGovern, Councillor Simmons and Councillor Toomey, Richard Rossi, City Manager Lisa Peterson, Deputy City Manager, Louis DePasquale, Assistant City Manager for Fiscal Affairs, Ellen Semonoff, Assistant City Manager for Human Services, Patrick Wardell, CEO, CHA, Paul Allen, Chief Quality Officer, CHA, Ben Milligan, Chief of Emergency Medicine, CHA, Ed Trejo, Director, Acute Psychiatric Services, CHA, Claude Jacobs, Public Health Officer, CHA, Mary Casesso, Chief Community Officer, CHA, Kathleen Kelley, School Committee member, Sandra Albano, Executive Assistant to the City Council, Paula M. Crane, Deputy City Clerk and Donna P. Lopez, City Clerk.

PLEDGE OF ALLEGIANCE

MOMENT OF MEDITATION

MAYOR ANNOUNCED THAT THE MEETING WAS BEING RECORDED WITH AUDIO AND VISUAL DEVICES.

CALL OF THE MEETING

Mayor Maher read the call of the meeting. (Here insert the call of the meeting).

Mayor Maher stated that the presentation will be made by the CHA first, then open the meeting to public comment.

City Manager Rossi stated that this is a good time to get back together on these discussions held in the spring merging the emergency and psychiatric emergency rooms. He stated that this year has seen some changes in the financial conditions of the CHA. He wanted the City Council to have all the information from Health Alliance and to continue the good working relationship for the entire community who are strong believers and users of the Cambridge Health Alliance system.

Pat Wardell, CEO, Public Health Alliance, welcomed the follow up on the discussion of last spring. The City Council requested an update on the financial health of the CHA. The CHA is a safety net provider. It is the responsibility of the CHA to provide services to the vulnerable and low income population. The CHA has a large presence in primary health and behavioral care.

He stated that being a safety net institution the CHA is highly dependent on their relationship with the state and federal government to ensure that they understand the intrinsic value provided by the CHA. It is important for CHA to be responsible stewards of the public funding received. He stated that in the last ten years for the delivery system, including the clinics, operations and the work done at the two full service hospitals owned and run by the CHA, stated that the CHA was coming off of a nine year loss. This was clear to the Board that this was not sustainable and the staff was encouraged to develop and execute a plan to ensure that the services provided will continue into the future. The financial health was reviewed last year and it was one of the most financially challenged in the state. It was important to get control of this situation. He stated that he was happy to report that In February 2015 there is a positive operating situation. This has been accomplished through three themes: to ensure that the CHA is business like and uses the best business practices, to be productive and to use the opportunity to grow and expand to ensure financial sustainability. He stated that through these mechanisms there is a \$34 million improvement seen over what was budgeted for this year. In the last 6 months a reassessment has been made on the strategic direction. The CHA continues to have a mission for the care of the vulnerable population. There was recommitment to the academic program and a recommitment to the mental health and substance abuse services provided by the CHA. It was recognized for the importance of the CHA to network with social service agencies, other health care providers, city and state services to ensure that services, goals and directions and that there is support for the CHA for partnerships. He spoke of the regional leadership provided by CHA in a variety of health related services. Last year it was around the integration of the medical and psychiatric emergency services into one function. He stated that from a clinical care perspective it remains the belief of the CHA that the integration of these services with the emergency room has intrinsic value to the patients and the CHA wants this to be successful. He stated that there were opportunity to do things differently and better and in the spirit of continuous improvement where there were deficits in planning they were identified, discussed and resolved. This is important to chart the future.

Dr. Allen, Chief Quality Officer, spoke of the governance of the process of quality and safety for the CHA. He spoke the Patient Care Committee and the Patients Safety Committee and they report up to Quality Care Committee. The executive team makes decisions as to how changes should occur. The quality of these decision still remains in the structure he described. The merger proposal was brought to the Patients Safety Committee and surveillance data was authorized to watch what was happening to ensure that the standard of care did not change over the period of time. This has been reported to the Quality Care Committee. He stated that

internal structures are working well to ensure that patient care is maintained and enhanced after the merger. A peer protected consultant group was enlisted to hear from the front lines and to protect the facility. The entire operation was reviewed for accreditation in October. The CHA received a good grade on its operations including the consolidation of the emergency and psychiatric rooms. In November the Department of Public Health gave a positive feedback about the integration process and the quality and safety of the care provided. The consultant's feedback mirrored the action plan of the CHA. In the Emergency Department there is a need to increase the amount of safe space needed so that patients do not hurt themselves. Flex rooms were created to make rooms entirely safe for patients; obstacles were removed. He spoke of the improved collaboration between the emergency and psychiatric team for patients. There is twice daily rounds of this service. Improving the environment care and collaboration of care were endorsed by the consultant team and were already undertaken by the CHA. Construction of the flex space to increase the safety spaces will be completed this week.

Councillor Carlone pleased with the rating, but the safety room and construction has just been completed and has not been tested yet. He requested a letter as this moves forward and that the implementation has lived up to the plan as the departments have been combined and it seems to be working out fine without problems. Dr. Allen stated that the commitment of both the psychiatric and emergency room teams has been outstanding and open to make the process better with the co-management of the patients care has improved. Mr. Wardell stated that things were learned. There was an 8% increase in the volume of medical and mental health patients coming in for care. The limited number of double rooms and medical and psychiatric patients were put together and this was changed because of the safety and communication issues.

Councillor McGovern stated that he is a fan of CHA. He wants to a champion of CHA. He is unhappy with the closing of the psychiatric emergency room. There is concern about safe space, training, privacy and staffing. He asked the CHA to wait 6 months and his request was dismissed. Now we learned that more staffing and rooms were needed which was said one year ago. This saved \$ 1million and then you brought in a consultant and he did not know what the cost was for the consultant. The consultant probably told you the same things that your front line staff told you for free. He was hoping to say that he was wrong. Antidotal information is needed. He wanted an honest conversation because he has heard that restraints and suicides are on the increase. He wanted to know what the official number of suicides is. It is important for the staff when they say there are issues that they are being heard from the administration. These issues could have been avoided if not done so quickly. He stated that he was told that there are no social workers on duty overnight which the City Council was told this would be in place. These issues could have been curtailed. Dr. Allen stated that when any kind of clinical change is implemented that there is a plan in place. He stated that part of the equation is that the care of the patient includes two parts: medical clearance to make sure that there is nothing wrong with the patient that could mimic psychiatric illness and there are no co-medical issues for psychiatric patients. He stated that the comprehensive care of the patient has been a success. The volume growth of 8% contributed to the lack of space. The integration program was evaluated consistently. The patient was treated as an entire person and this is a better model of care. He acknowledged that the integration did not go as smoothly as planned. The issues and concerns were addressed as they arose. Councillor McGovern spoke of the training and the commitment made by psychiatric nurses to treat patients who may be difficult to help. These patients are treated with respect and given the best care. He expressed his concern

about the loss of the psychiatric nurses, fewer social workers and psychiatrist no longer being right there in the room with the patient, but on a different floor. This changes the environment, climate and focus. He remains concerned and frustrated that this was foreseen and dismissed. Councillor McGovern asked what is in place for support for the staff itself. Mr. Wardell asked Mr. Trejo, Director of Acute Psychiatric Services and Ben Milligan, Chief of Emergency Medicine to come forward and answer the question.

Councillor Simmons shared the concerns of her colleagues. When a citizens goes to CHA an assumption is made that it is under the control of the City of Cambridge. She wanted the remarks submitted in writing. She stated that communication is key. It is important to hear about the changes proposed from the CHA and not from the practitioners. Better communication is needed between the CHA and the City Council. There must be a better way for the City Council to receive information from the CHA. The City Council is committed to support the work of the CHA. The City Council wants to be partners. She did not agree with merging the psychiatric and emergency rooms. She stated that the merger seems to be fraught with difficulty. Mr. Wardell responded that trust is built on transparency. He spoke about the qualification of Mary Casesso. Mr. Wardell stated that the basis of trust and understanding is built on transparency. He stated that the more conversation and dialogue had and the more specifics heard about the care of the patients the more valuable the service that is provided. He stated that he has been able to recruit Mary Casesso and he has asked Mary Casesso to ensure that the CHA is front of the constituents in Cambridge, Somerville and Metro North to create a large footprint in primary care. He takes to heart what was said by the City Council, but he feels that without trust and understanding the CHA will not be caring appropriately for its constituents. The CHA came to a different resolution with the adolescent/child unit change. He stated that the CHA is growing and employs more people today.

Councillor Simmons asked if Ms. Casesso would be the person to interface with the City Council and the CHA. She suggested the City Council meeting with the CHA twice a year and not talking to you at budget time. Mr. Wardell stated that City Manager Rossi suggested that the CHA meet again with the City Council in the fall which would have been six months after the implementation of the integration. He did not heed the instructions given by Mr. Rossi.

Councillor Cheung asked how many days are spent shadowing the doctors, nurses and social workers on the emergency and psychiatric care units. Mr. Milligan stated that he has been a practicing emergency physician in the CHA since 2008. He works 8-10 hours per week in the department and involved in clinical care. Mr. Trejo is at the facility every day and he supervises the in-patient units and supervises the urgent clinic. He stated that there is a fluid way to see patients in one service and follow up in the other service. Mr. Wardell stated that he is in the emergency room one hour a week. He does not provide clinical care and works with nurses and administration. Dr. Allen stated that 20% of time in emergency and sees psychiatric in-patient. He spends 20% of time is clinical work. His responsibility is to take care of patients that have already been admitted and making sure that they are properly dispositioned and discharged from the hospital. He may see patients as a consultant.

Councillor Cheung stated that when front line employees predict a problem with a decision and administration goes ahead and the problems materialize there is a disconnect and a

communication problem. The nurses and doctors came into the City Council a year ago and predicted the problems. He spoke of the reasons why COSCO is so successful is that the CEO works alongside the front line employees. He commented that management is not in touch with the front line workers. Dr. Allen spoke about his work with employees and going to particular areas in the hospital. The other aspect of care is meeting both needs medical and psychiatric needs of the patient. The psychiatric emergency only took care of psychiatric needs and then may have needed medical care. Now with the integrated care the expertise for both medical and psychiatric care is given to all patients. There were prediction about space. He stated that he was aware of the operational challenges and the successes and to provide care for all patients. The benefits have been proven successful.

Councillor Cheung stated that this is not a meeting because we are patting ourselves on the back; we are here because there is a problem. He wanted CHA to acknowledge that more needs to be done and to take this seriously. Dr. Allen stated that more needs to be done in health care in general. He stated that decisions are made considering the benefits and the risks. If you are aware of the benefits you can drive the change while mitigating the risks then progress can be made going forward for better health care. He stated that there is still reporting needed to the governance bodies. Internally communication is going well; a better communication is needed to be done outside of the CHA walls. Councillor Cheung stated that he asked if this is an isolated or a systemic issue across the organization.

Councillor Toomey stated that he does not intent to micromanage the CHA, but when he hears from residents about the merging of the medical emergency and psychiatric emergency rooms can be traumatizing to small children. All patients need to be served. He implored the administration at CHA to go back and revisit this. He wanted to hear if there is data that can be shared on incidents for the last six months versus the previous year that have occurred at the CHA since this merger. He has heard that there has been violent issues. When he hears from constituents that things could be done better we have to listen and respond. He wanted adjustments made to the merger policy. He does not want the CHA to get a bad reputation about these incidents. He wanted to hear back on this data.

Councillor Mazen stated that he appreciates productive tension. This appeared to be hard push through of the policy change. In the future, he understood the fiduciary responsibility and the financial benefit cannot come with cost to services and this all had a speedy turn around. He stated that the bad implementation with the speedy turn around indicates a less speedy turn around and a financial solvency. He stated that the City Council wanted negotiations with the CHA. He stress the importance of working together to modify anything before the City Council.

Councillor McGovern asked what the definition of success is. If suicide attempts, police calls and restraints have increased, what will be done about it? There is a side of this that is not successful and how will it be fixed. Mr. Trejo when services were merged the same amount of care, compassion went to all of the patients. You always look back and say we should have, but in this process monitoring measures were put in place. The medical and psychiatric volume increased. All the medical concentrations are now part of the medical evaluation with the merged policy. Systems have been integrated in a more efficient way. The integration has not been done as quick and as well but all that has been done is for the benefit of the patient. This all needs more work. Councillor McGovern stated that the current issues were mentioned by the front line staff previously. He wishes that it was dealt with at the beginning. The psychiatric

care at the CHA was the GOLD Standard. Councillor McGovern stated that he understands the continuum of care, but he worries when a psychiatric patient is met by a medical staff before a psychiatric staff. He wanted to be assured that the mental health piece is being given the priority it should be. He stated that the CHA appears to be moving away from mental health and psychiatric care; it would be good move for CHA to assure the community that this is not the case. He felt that the psychiatric piece got the short end of the stick. Councillor McGovern asked if the report from the consultant could be seen by the City Council. Dr. Allen stated that the concerns of the staff on operational functions are being reviewed. Peer protection allows people to speak their mind without fear of retribution. This gives the CHA areas that they need to continue to work on. The document is an internal document and will not be made publicly available. The report will be put into action. He stated that information on approaches to improvement will be supplied to the City Council. He stated the City Council and the staff was correct on the operational concerns and changes have been made for improvements. He welcomes feedback. Councillor McGovern stated that if he did not care about the care of CHA he would not be asking these questions. He wanted CHA to be the Gold Standard. Dr. Allen stated that the commitment has been made by the board to provide excellent psychiatric services. Mr. Trejo state that the psychiatric evaluation is made before the medical and now a clearly medical evaluation is made so that the patient can be treated properly. He stated that having a patient medically cleared makes it easier for him to evaluate the patient and do what he needs to do and make a clear medical decision about what needs to be done with the patient. Mr. Milligan stated that the process is sometimes done in parallel processes. Councillor McGovern stated that it would be better for City Council to have scheduled routine meetings with the CHA. He stated that there is a communication break down and he urged CHA to pay attention to it. He wanted to social workers on the night shift and he wanted to know what happened to the psychiatric nurses, were they reassigned?

Mayor Maher acknowledged Ellen Semonoff, Chair, Health Alliance Board and Louis DePasquale who are on the Health Alliance Board; Mo Barbosa and Carol Lucas were also board members. He stated that he has to acknowledge that there has been terrific financial turnaround at the CHA. He stated that there was great concern on whether the CHA would continue. All feel like we are headed in the right direction. He acknowledged that the experience of people who have health care dealings with the CHA has been for the most part a good experience. The concern is to have the best quality of care for Cambridge and the surrounding areas. He stated that the public school is seeing an emerging pressing social and emotional needs around young people and an inability of teachers on how to handle this matter. Teachers are saying that they need help. This appears to be an emerging issue in the public schools. He stated that he has spoken to the City Manager, the Public Health Officer, Superintendent of Schools and the School Committee about this matter. He stated that the CHA, the Department of Human Services and Public Health Department are working on this problem. He noted that a number of parents are even noticing the problems. He asked the CHA representatives if they are seeing increased needs for school aged kids. Mr. Trejo responded in the affirmative; a psychiatrist is in the schools to provide services. He stated that outside services are decreasing. Collaboration is key as well as integration. Mayor Maher asked how community partners are involved and brought to the table to help supplement the services. Mr. Trejo stated that CHA is receiving patients from all over the state. Mayor Maher spoke about the different educational levels and the emerging social and emotional issues are causing disruption in the classroom that is affecting learning for other students. Mr. Trejo stated that different specialties are needed for different services including help at home and help at school.

Mayor Maher thanked all for participating.

At 11:27 AM Mayor Maher opened the meeting to public comment.

Mo Barbosa 34 Pine Street, stated that he is happy that this is a conversation held in a community between a public and political entity and with the promise of continued conversation. He stated that the gold standard was built on the investments in resources on a bronze or silver standard. He stated that the resources available from the public structure is at the lead level. He wanted the system to return to gold standard. We are asking for gold level services with a diminishing level of resources. He stated that the resources are better in balance and it is a credit to the CHA.

Ellen Lyons Connors, 189 White Street, worked at CHA as a psychiatric nurse for 30 years. She stated that she is a psychiatric nurse expert because she has an advanced degree. She does not question the commitment to services. The psychiatry department evolved over 40 years. The last development separated the psychiatric emergency and the medical emergency rooms. She stated that merging the two does not give the best care. She stated that the Mass. General and the Boston Medical Facilities have separate psychiatric emergency and medical emergency services. The old psychiatry emergency room had 6 beds with beds that cared for children referred from the School Department. There should be a room in the medical emergency room for psychiatric services for children. She stated that having psychiatric nurses in the medical emergency room would benefit all. She suggested that psychiatric nurses should be integrated into the staff at the CHA. She stated that an article in *The Cambridge Tab* that noted that there is a time delay of 2 hours for patients to receive care. She stated that she would advocate for the patients in Cambridge/Somerville.

ADJOURNMENT

On motion of Councillor Toomey the meeting adjourned at 11:37 AM.

A list of documents and other exhibits used at the meeting:

City Council Agenda

CD of meeting